



Original Communication

The work of forensic physicians with police detainees in the Canberra City Watchhouse

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ABSTRACT

Forensic physicians provide both medical care and forensic consultations to detainees in police custody. There is a paucity of Australian data regarding characteristics of detainees and the type of work provided by forensic physicians in this setting. This retrospective audit of a clinical forensic service in Canberra, Australia will assist with service planning, future data collection and the training of forensic physicians.

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1. Introduction

Clinical Forensics ACT (CFACT) has been established in the Australian Capital Territory (ACT) since October 2006 and provides forensic services to the Australian Federal Police including medical and forensic care of police detainees in the City Watchhouse. The service is staffed by eight doctors with experience and training in forensic medical care who cover the service 24 h a day.

The Watchhouse is centrally located in Canberra (population 334 225, 30 June 2006, Australian Bureau of Statistics) and is the only police custody facility in the region. People are detained in the Watchhouse if they are under arrest and awaiting charges, if they have been charged and are awaiting court or for intoxication and in need of care and/or protection. Detainees in the Watchhouse can either self-refer to see the doctor on call, or a police officer can request that the detainee be reviewed. The forensic physicians provide both medical (e.g. medication review, acute illness) and forensic (e.g. fitness for interview, DNA samples) consultations for the detainees.

Chapter 4 of the *Corrections Management Act 2007* of the ACT relates to the detention of individuals in police custody. It states that adults should not be detained in police custody for more than 36 h, and young people (less than 18 years) for longer than 12 h unless it is required. The conditions of detention in correctional

facilities are also outlined with emphasis on human rights. Generally detainees spend at most one night in custody, but as court is not held on a Sunday, those arrested after court on Saturday spend two nights in the Watchhouse until court on Monday.

Data on Australian Watchhouses are not readily available but data on the work of forensic physicians in the United Kingdom show that drug and alcohol intoxication and withdrawal make up a significant component of the work in Watchhouses.¹ UK forensic physicians are asked to medically review police detainees more often than perform forensic procedures.² The most commonly used drugs by police detainees in the UK were opiates and cocaine.³ In addition, alcohol and illicit drug use are recognised as common factors in near miss incidents and fatalities in police custody.^{1,4,5}

This retrospective clinical audit aims to determine:

- (1) Characteristics of detainees seen by forensic physicians in the Canberra City Watchhouse, and
- (2) The type of work performed by forensic physicians in the Watchhouse.

2. Method

This was a retrospective clinical audit of detainees seen by CFACT from October 2006 until September 2008. Forensic physicians complete a data form each time they see a patient which is entered into a database. The characteristics that are recorded on the datasheet include:

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- Patient age
- Gender
- Aboriginal and Torres Strait Islander status
- Employment status
- Date, time and place consultation took place
- Psychiatric history of the patient
- Drug and alcohol use history
- State of clinical intoxication
- Referral to another medical service
- Type of consultation provided

The database is kept on a password protected secure computer system and data is entered on a daily basis by the administrative officer. Only cases that were seen in the City Watchhouse were retrieved from the database for use in the analysis. Analysis was carried out on an excel datasheet.

This clinical audit was approved by the ACT Health Human Research Ethics Committee.

3. Results

Over the two year period from October 2006 until September 2008 doctors provided 988 occasions of service to detainees in the Watchhouse. These occasions of service include detainees seen on more than one occasion in the same period of detention, as well as the same detainee seen during different periods of custody.

3.1. Gender and aboriginality

750 (75.9%) of the occasions of service were to male detainees, and 238 were to female detainees (24.1%). On 81 (8.2%) occasions the detainee was recorded as of Aboriginal or Torres Strait Islander (ATSI) descent, however no status was recorded on 181 (18.3%) occasions. This is compared to a community indigenous population of 1.3% in the ACT (Australian Bureau of Statistics, 30 June 2006).

3.2. Ages

Approximately half of the occasions of service were provided to detainees under the age of 30 years (see Fig. 1). 46 (4.7%) were under the age of 18 years and would be transferred to a juvenile facility as a police priority. 94 (9.5%) were aged 18 and 19 years.

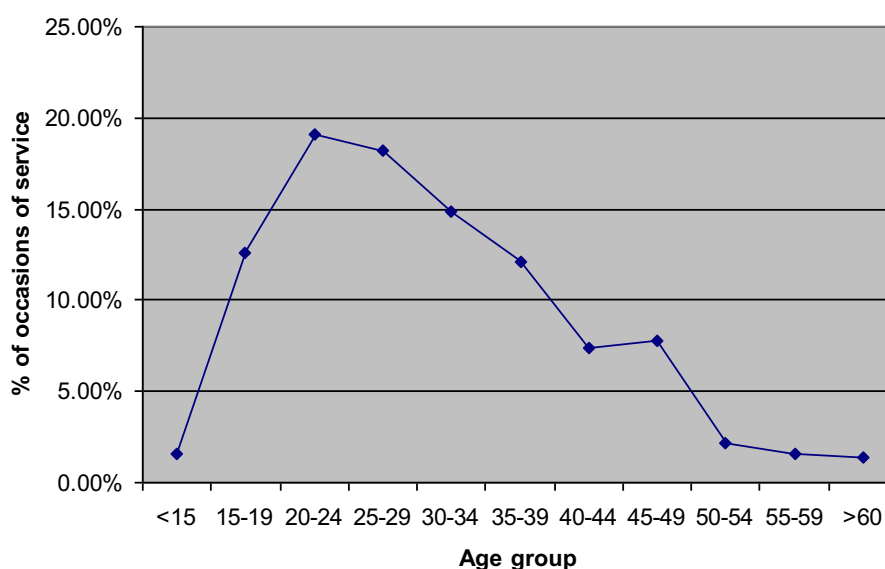


Fig. 1. Age group of detainees vs. percentage of occasions of service for detainees seen by a forensic doctor in the Canberra City Watchhouse from October 2006 to September 2008.

Table 1

Different individuals seen by a forensic doctor in the Canberra City Watchhouse and the number of times they were seen from October 2006 to September 2008.

No. of times seen	No. of individuals	Occasions of service
1	597	597
2	67	134
3	29	87
4	14	56
5	9	45
6	6	36
7	2	14
8	0	0
9	1	9
10	1	10
Total – 726		Total – 988

3.3. Individuals seen vs. occasions of service

A total of 726 different individuals were seen by the service with a number of individuals seen on more than one occasion (Table 1). Thirty-three individuals were seen on four or more occasions, with one individual seen 10 times, and one seen nine times. 597 individuals were seen on one occasion only.

3.4. Mental health

On 369 (37.3%) occasions of service it was recorded that the detainee had a history of psychiatric illness. The recorded diagnoses were of depression (110 occasions, 11.1%), substance abuse (97, 9.8%) psychosis (44, 4.5%), schizophrenia (33, 3.3%), anxiety (15, 1.5%), bipolar (12, 1.2%), psychosis and schizophrenia (3, 0.3%). 48 (4.9%) were recorded as “other” and 7 (0.7%) were unknown. On 182 (18.4%) occasions of service the doctor did not record whether or not the detainee had a history of mental illness.

3.5. Drug and alcohol use

On 417 (42.2%) occasions the detainee was recorded as having used illicit drugs, with the doctor unsure on 90 (9.1%) occasions. On 34 occasions the detainee used more than one type of illicit substance. Table 2 outlines the drugs that detainees gave a history of using with opiates (201, 20.3%) and amphetamines (115, 11.6%)

Table 2

Illicit drug use reported by detainee and recorded by forensic doctor in the Canberra City Watchhouse from October 2006 to September 2008.

Illicit drug use reported by detainee	Number of occasions of service (%)
Opiates	201 (20.3%)
Amphetamines	115 (11.6%)
Cannabis	72 (7.3%)
Benzodiazepines	37 (3.7%)
Cocaine	1 (0.1%)
Other	12 (2.3%)
Class not recorded	5 (0.5%)

the most common drugs recorded. On 143 (14.5%) occasions the doctor did not record whether the detainee used illicit drugs or not.

On 406 (41.1%) occasions of service the detainee was recorded as having used alcohol, and during 405 (41.0%) consultations the detainee reported not using alcohol. On 107 (10.9%) occasions the detainee's alcohol use was not recorded by the clinician and on 70 (7.1%) occasions the clinician marked that they were unsure of the detainee's alcohol use.

Table 3 outlines the most recent drug or alcohol use by the detainee as recorded by the clinician. In 28.1% of consultations the detainee had used alcohol within the preceding 12 h and 14.8% had used drugs. The same detainee may have been recorded as having used both within the time period.

Clinicians recorded that the detainee was clinically intoxicated (drugs or alcohol) in 176 (17.8%) consultations, not intoxicated in 525 (53.1%) consultations, unsure of intoxication status in 80 (8.1%) consultations. The intoxication status of the detainee was not recorded in 201 (20.3%) of cases or was recorded as not applicable to the consultation on 6 occasions (0.6%).

3.6. Time of assessment

The majority of occasions of service occurred on a Sunday (253, 25.6%) and Saturday (157, 15.9%) as shown in Fig. 2. The number of consultations during the week over the two year period ranged from 91 (9.2%) to 126 (12.8%).

41.1% (406) consultations took place from 0800 to 1800, but most of these calls occurred on a weekend and thus were not during business hours. 41.0% (405) took place from 1800 to midnight and the minority of consultations (177, 17.9%) took place from midnight to 0800 (Fig. 3).

3.7. Type of consultation provided

More than three quarters (811, 77%) of the consultations provided in the city Watchhouse included a medical review of the detainee (see Fig. 4). Exact details of the medical consultation are not collected but common consultations include fitness to be detained, drug and alcohol withdrawal, prescription of regular medications and minor acute injuries. 62 (6.3%) consultations were for more than one purpose, for example medical review plus fitness to interview.

Table 3

Recent drug and alcohol use by detainee in the Canberra City Watchhouse from October 2006 to September 2008.

Time of last recorded use	Drugs occasions of service (%)	Alcohol occasions of service (%)
<12 h ago	146 (14.8%)	278 (28.1%)
12–24 h	140 (14.2%)	75 (7.6%)
25–72 h	52 (5.3%)	40 (3.0%)
4–7 days	16 (1.6%)	4 (0.4%)
>8 days	14 (1.4%)	4 (0.4%)

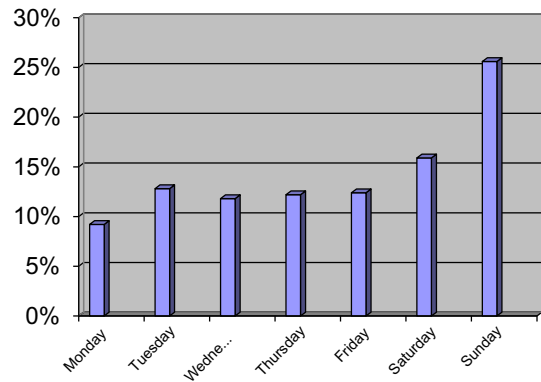


Fig. 2. Occasion of service (%) vs. day consultation took place in the Canberra City Watchhouse.

On five occasions (0.5%) the forensic doctor collected a forensic specimen as part of the consultation. Three occasions involved forensic photography by the doctor, one involved a blood sample and one involved genital swabs from an alleged sexual offender. Genital swabs must be taken by either a doctor or nurse according to the Crimes (Forensic Procedures) Act 2000.

3.8. Prescription of medications

In 618 (62.6%) consultations a medication was prescribed for the detainee and Table 4 sets out the class of medications that were prescribed. The most common class prescribed in combination or alone was opioid analgesics (354, 35.8%) including codeine containing preparations and dextropropoxyphene napsylate which is used to manage opiate withdrawal in combination with a benzodiazepine. Benzodiazepines were prescribed in 336 (34.0%) of consultation either alone or in combination. This reflects their use to relieve opiate withdrawal symptoms, as well as in patients with alcohol dependence, benzodiazepine dependence and acute anxiety or insomnia.

3.9. Referral to another service

At times the medical or psychiatric condition of a detainee requires them to be referred out of the Watchhouse to another medical service or another specialist team is contacted for phone

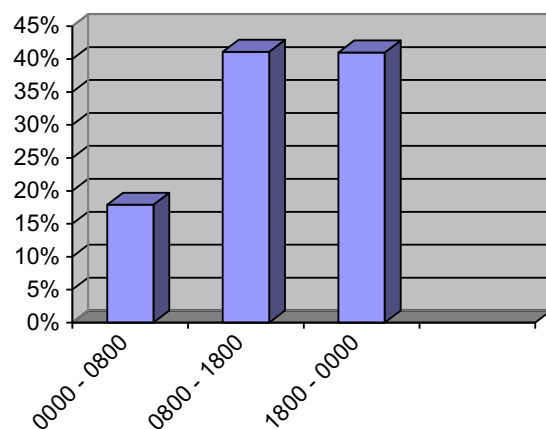


Fig. 3. Occasion of service (%) vs. time of assessment by forensic doctor in the Canberra City Watchhouse.

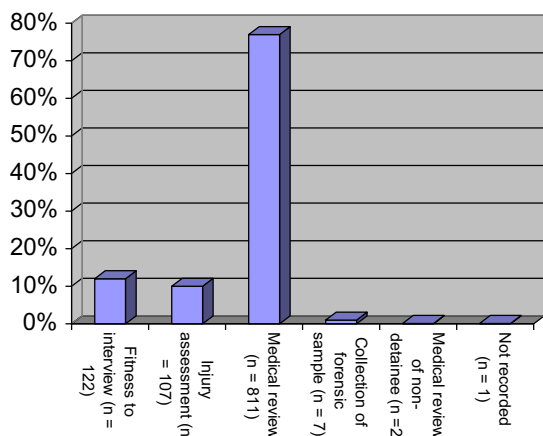


Fig. 4. Type of consultation provided by the forensic doctor (number of consultations, %) in the Canberra City Watchhouse. NB: each occasion of service may involve more than one type of consultation.

advice. On 69 (7.0%) occasions of service the detainee was referred to a hospital emergency department, 19 (1.9%) cases were referred to a psychiatrist, 5 (0.5%) cases were referred to drug and alcohol services and in 67 (6.8%) cases the detainee was referred but the clinician did not record to whom. From a previous audit detainees are transferred out of the Watchhouse for further care in 7% of cases seen. Therefore about half of the recorded referrals in this data set will be for specialist advice over the phone.

4. Discussion

726 individuals detained in the Canberra City Watchhouse were seen during 988 occasions by forensic physicians from October 2006 until September 2008. More than 50% of these people were under the age of 30 years. A number of individuals were seen on four or more occasions with fourteen individuals accounting for 17.2% of the workload. Approximately 25% of the detainees seen by a doctor were female even though only 15% of all detainees are female.⁶ Generally females in police custody have a higher need for medical care, this is reflected in the results above.

Direct patient care was provided mostly outside business hours, with high demand after 1800–0800 h and on weekends. The high demand for medical services is primarily driven by police detainees waiting to attend court on Monday and the subsequent need for opiate and alcohol withdrawal regimens. The implications of the

high after hours demand on medical staff have dictated a serviceable roster, which takes in to account daytime work commitments. Flexibility around hand over times and non-onerous on call is required.

Although the indigenous community makes up only 1.3% of the total ACT population, 11.4% of all detainees identified as Aboriginal or Torres Strait Islander in 2005–06[6]. 8.2% of detainees seen by a forensic physician were recorded as ATSI. This finding is in keeping with the known higher rate of arrest and imprisonment of ATSI individuals.⁷

In 42.2% of consultations the detainee was recorded as using illicit drugs, most commonly opiates and amphetamines. Drugs were used within the last 12 h by 14.8% of detainees, and alcohol in 28.1%. Drug use is much more prevalent in detainees than in the general population according to published research in Australia.⁸

In only 17.8% of consultations did the doctor record that the person was clinically intoxicated. This figure may be an underestimation as in 20.2% of consultations the doctor did not record the intoxication status of the individual seen. One-third of all detainees in the Watchhouse are detained for being intoxicated in a public place.⁶ In a UK study⁹ 22% of all detainees were found to be intoxicated on admission to police custody and intoxicated individuals were more likely to be reviewed by a doctor, often due to a secondary injury. Intoxication is associated with asphyxiation, aspiration and generally poorer morbidity and mortality outcomes for detainees. Many fatalities and “near-miss” incidents involve intoxicated individuals.

On only four occasions was methadone prescribed for a detainee but many were prescribed dextropropoxyphene napsylate and a benzodiazepine to relieve opiate withdrawal symptoms. This practice reflects the current difficulty in accessing regular methadone doses for detainees on a community methadone program. Methadone is presently not available in the Watchhouse due to difficulties with methadone storage, verifying dose and recent dosing and transportation of methadone in the community. Most detainees in police custody who have not dosed prior to arrest will miss a dose. The clinical forensic team is currently working with the police to establish access to methadone for those prescribed it in the community.

In our sample 16.2% of detainees seen by a doctor were referred to another medical service either for phone advice or for transfer out of the Watchhouse to another facility. Common reasons for transfer included injury requiring X-ray or suturing, altered level of consciousness, head injury or overdose. Some detainees are then returned to the Watchhouse and some were bailed by the Sergeant in charge. Anecdotally transfer of detainees can lead to communication issues between medical staff at the different facilities. Further research into the outcomes of transferred detainees would be useful.

Any retrospective audit is limited by the data that has already been collected. In this study doctors did not record every characteristic for each detainee seen. The form that is used for data collection has been revised to aid the forensic physicians to collect all data efficiently. In addition it is possible that a detainee may not give the forensic physician a full and accurate history particularly when discussing recent drug and alcohol use. The detainee may be hesitant to discuss this openly if they feel it may impact on their legal or medical treatment.¹⁰

The majority of the workload in the Watchhouse involves medical review of detainees and not forensic procedures. As many detainees gave histories of mental health and/or drug and alcohol problems, it is essential that forensic physicians are skilled in these areas. This data will provide further information for service delivery planning as well as future training of new forensic physicians and up-skilling of current doctors.

Table 4
Type of medication (occasions of service, %) prescribed by the forensic doctor for detainees in the Canberra City Watchhouse.

Type of medication	Only medication prescribed occasions of service (%)	Prescribed in combination occasions of service (%)	Total occasions of service (%)
Antidepressant	15 (1.5%)	23 (2.3%)	45 (4.6%)
Benzodiazepine	108 (10.9%)	228 (23.1%)	336 (34.0%)
Anti psychotic	16 (1.6%)	45 (4.6%)	61 (6.2%)
Anti epileptic	13 (1.3%)	21 (2.1%)	34 (3.4%)
Methadone	1 (0.1%)	3 (0.3%)	4 (0.4%)
Antibiotic	8 (0.8%)	27 (2.7%)	35 (3.5%)
Non-opioid analgesic	66 (6.7%)	44 (4.5%)	110 (11.1%)
Opioid analgesic	62 (6.3%)	292 (29.6%)	354 (35.8%)
Other ^a	35 (3.5%)	0	35 (3.5%)
Opioid analgesic plus benzodiazepine	118 (11.9%)	NA	118 (11.9%)

^a for example anticoagulants, anti-hypertensives, anti-reflux, anti-emetics etc.

Conflict of interest

None declared.

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Ethical approval

This clinical audit was approved by the ACT Health Human Research Ethics Committee.

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